

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

SHAMS

COMPLETE IF KNOWN

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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Attorney Docket Number | SSI001

First Named Inventor

(37 CFR 1.63)		Application Nu	ımber 10			
☐ Declaration ☑ Submitted OR with Initial Filing	Declaration Submitted after Initia Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	06/26/2	26/2003		
		Group Art Unit				
		Examiner Nan	ne			
As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
APPARATUS, METHOD, AND COMPUTER PROGRAM PRODUCT FOR DETERMINING GENE						
FUNCTION AND FUNCTIONAL GROUPS USING CHROMOSOMAL DISTRIBUTION PATTERNS						
(Title of the Invention) the specification of which						
is attached hereto						
OR as United States Application Number or PCT International was filed on (MM/DD/YYYY) 06/26/2003						
Application Number 10/609,137 and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attac YES NO	hed?	
			مومو	0000		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s) Filing Date (MM.		(MM/DD/YYYY)	numbers supplem	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		

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DECLARATION — Utility or Design Patent Application **Customer Number** OR 🛛 Correspondence address below Direct all correspondence to: or Bar Code Label Cary Tope-McKay Name Address 23852 Pacific Coast Highway #311 Address State CA 90265 City Malibu Telephone 310-589-8158 310-943-2736 USA Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name Shams Given Name (first and middle [If any]) or Surname Inventor's Signature State CA Country 90278 Citizenship USA Residence: City Redondo Beach Mailing Address 1706 Clark Ln. "B" Mailing Address Country USA ZIP 90278 City Redondo Beach California ☐ A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Given Name Family Name (first and middle [if any]) or Surname Inventor's Signature Citizenship Residence: City State Country Mailing Address Mailing Address ZIP Country Additional inventors are being named on the supplemental Additional inventor(s) sheat(s) PTO/SB/02A attached hereto.